



STATE OF NEW JERSEY
PUBLIC EMPLOYMENT RELATIONS COMMISSION
PO Box 429
TRENTON, NEW JERSEY 08625-0429

For Courier Delivery
495 West State St.
Trenton, NJ 08618

PETITION FOR CONTESTED TRANSFER
DETERMINATION

INSTRUCTIONS: Complete Sections 1 through 7. Please type or clearly print. File an original and 9 copies of this petition with the Public Employment Relations Commission, together with proof of the service of a copy of the petition on the employer listed in Section 3 below.		<u>DO NOT WRITE IN THIS SPACE</u>	
		DOCKET NO.	
		DATE FILED:	
1. PETITIONER			
Full Name:			
Address of Petitioner (Street and Number, City, State and Zip Code):			
Name and Title of Representative to Contact:		Telephone No.	
Attorney/Consultant Representing Petitioner (if any):		Telephone No.	
Attorney/Consultant Address (Street and Number, City, State and Zip Code):			
2. AFFECTED EMPLOYEE IF PETITIONER IS AN EMPLOYEE ORGANIZATION			
Full Name:			
Address of Employee (Street and Number, City, State and Zip Code):			
Name and Title of Representative to Contact:		Telephone No.	
Attorney/Consultant Representing Employee Organization (if any):		Telephone No.	
Attorney/Consultant Address (Street and Number, City, State and Zip Code):			
3. PUBLIC EMPLOYER			
Full Name:		County:	
Address of Public Employer (Street and Number, City, State and Zip Code):			
Name and Title of Representative to Contact:		Telephone No.	
Attorney/Consultant Representing Public Employer:		Telephone No.	
Attorney/Consultant Address (Street and Number, City, State and Zip Code):			
4. DATE EMPLOYEE WAS NOTIFIED OF TRANSFER			
5. STATEMENT OF SPECIFIC FACTUAL ALLEGATIONS SUPPORTING CONTENTION THAT BASIS FOR TRANSFER IS PREDOMINATELY DISCIPLINARY <i>(Attach all documents and affidavits supporting the petition s factual allegations)</i>			
(Continued on back)			

5. STATEMENT OF SPECIFIC FACTUAL ALLEGATIONS (continued)

(Attach additional sheets if necessary)

6. INDICATE ALL OTHER ACTIONS BEFORE THE COMMISSION OR ANY OTHER ADMINISTRATIVE AGENCY, ARBITRATOR OR COURT, WHICH INVOLVE THE SAME OR SIMILAR ISSUES

<input type="checkbox"/>	Petition to Initiate Compulsory Interest Arbitration Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Request for Submission of Panel of Arbitrators Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Notice of Impasse Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Representation Petition Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Unfair Practice Charge Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Petition for Issue Definition Determination Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Scope of Negotiations Petition Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Other Contested Transfer Petitions Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Related Filings at Other Administrative Agencies Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Other (explain)

7. CERTIFICATION

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Signature

Title

Date